


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 16

Application Number 09/332,317

Filing Date June 14, 1999

First Named Inventor Bennet et al.

Art Unit 3621

Examiner Name Elisca, Pierre E.

Attorney Docket Number P93-00-DD

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Petition To Revive	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Request For Continued Examination Under 37 CFR §1.114, Response To Office Action And Request For Interview	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm			
Signature			
Printed Name	Ronald Spuhler, Reg. No. 52,245		
Date	December 13, 2005		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/13/2005.

Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245
Signature		Date	12/13/2005

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

Complete if Known

<b>FEE TRANSMITTAL</b> DEC 16 2005 for FY 2005		Application Number	09/332,317
		Filing Date	June 14, 1999
		First Named Inventor	Bennet et al.
		Examiner Name	Elisca, Pierre E.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3621
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		2290.00	Attorney Docket No.
<b>METHOD OF PAYMENT</b> (check all that apply)			

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 13-0017      Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- Charge Fee(s) indicated below       Charge Fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fees(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fees Paid(\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Fee(\$)      Fee(\$)  
50      25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200      100

Multiple dependent claims

360      180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee</u>	<u>Fee Paid (\$)</u>
-3 or HP	x	=			

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition To Revive	1500.00
Request For Continued Examination	790.00

##### SUBMITTED BY

Signature	Ronald Spuhler	Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8000
Name (print/type)	Ronald H. Spuhler		Date	12/13/2005	